



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

February 19, 2013

Kathy Corbin  
Trilogy Healthcare of Macomb LLC  
Suite 200  
303 N. Hurstbourne Pkwy.  
Louisville, KY 40222

RE: Application #: AH500315083  
Shelby Crossing Health Campus  
13794 21 Mile Road  
Shelby Township, MI 48315

Dear Ms. Corbin:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 40 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (248) 975-5053.

Sincerely,

Patricia J. Sjo, Licensing Staff  
Bureau of Children and Adult Licensing  
39531 Garfield  
Clinton Township, MI 48038  
(586) 256-2006

Enclosure

cc: A. Kochanski

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AH500315083

**Applicant Name:** Trilogy Healthcare of Macomb LLC

**Applicant Address:** Suite 200  
303 N. Hurstbourne Pkwy.  
Louisville, KY 402225182

**Applicant Telephone #:** (502) 412-5847

**Authorized Representative:** Kathy Corbin

**Administrator:** Ann Kochanski

**Name of Facility:** Shelby Crossing Health Campus

**Facility Address:** 13794 21 Mile Road  
Shelby Township, MI 48315

**Facility Telephone #:** (586) 532-2100

**Application Date:** 08/31/2011

**Capacity:** 40

**Program Type:** AGED

## II. METHODOLOGY

08/31/2011	Enrollment
09/02/2011	Plan Review Request (AH ONLY)
09/09/2011	Contact – Document Received. Facility's floor plans.
09/09/2011	Contact – Telephone Call Made to Authorized Representative Kathy Corbin about the floor plans.
09/20/2011	Application Incomplete Letter Sent
10/10/2011	Contact – Document Received. Health Facilities Engineering Section's (HFES) Plan Review.
10/11/2011	Contact – Document Received. HFES's dietary Plan Review.
11/17/2011	Contact – Document Sent. Email messages to HFES engineer and sanitarian re: facility address on their Plan Review reports does not match address on HFA license application.
11/17/2011	Contact – Telephone Call Made to Ms. Corbin about having two homes for the aged on the same property.
11/17/2011	Contact – Telephone Call Received from HFES engineer that facility address will be corrected on reports.
11/18/2011	Contact – Documents Received. Revised Plan Reviews from HFES sanitarian and engineer.
11/28/2011	Contact – Document Sent. Email message to Ms. Corbin re: HFES reports were revised to separate the two projects/HFA license applications that will be on the property.
12/20/2011	Construction Permit Received for 12/6/11 to 12/6/12.
11/20/2012	Contact – Documents Received. Application update changing facility name from Macomb Health Campus to Shelby Crossing Health Campus; changing licensee address; and identifying Ann Kochanski as administrator. Documentation that Ms. Kochanski is a licensed nursing home administrator. \$10,000 original surety bond.
01/09/2013	Contact – Document Received. Email message from Ms. Corbin re: should soon receive occupancy approval from HFES, and she requested I schedule on-site inspection with Ms. Kochanski. I requested documentation that Ms. Kochanski has education, experience, training to be an HFA administrator.

01/09/2013 Contact – Document Received. Ms. Kochanski's resume.

01/09/2013 Contact – Document Sent. Email message to Ms. Corbin about Ms. Kochanski's qualification as an HFA administrator.

01/09/2013 Contact – Document Sent. Email message to HFES and Bureau of Fire Services (BFS) re: facility's name change.

01/09/2013 Contact – Telephone Call Made to Ms. Kochanski to schedule on-site inspection. I requested she submit admission contract and policies for approval.

01/11/2013 Contact – Documents Received. Incident reporting policy, admission policy, and Evaluation and Service Plan form received by email with note from Ms. Kochanski that building will not be ready for the scheduled inspection on 1/25.

01/13/2013 Contact – Document Sent. Email to Ms. Kochanski that I have not received admission contract, discharge policy, and rights policy and her qualifications as administrator.

01/14/2013 Contact – Document Received. Email from Ms. Kochanski suggesting an original inspection date of 2/8/13; she will have documents then for my inspection; and she qualifies as administrator due to work experience at another HFA.

01/15/2013 Contact – Document Sent. Email to Ms. Kochanski confirming inspection will be on 2/8/13.

02/07/2013 Contact – Telephone Call Made to Ms. Kochanski to reschedule inspection to today due to snowstorm expected tonight.

02/07/2013 Inspection Completed On-site. Reviewed and approved policies and admission contract. Interviewed Ms. Kochanski, Trilogy's Northeast Division Vice-President Steve Apple, Trilogy's Start-Up Operations Support person Peter Massey, Director of Health Services/RN Lori Mikulich, and The Legacy at Shelby Crossing's (program) director Susan Savich. Inspected building. License issuance is awaiting BFS and HFES approvals.

02/15/2013 Contact – Document Received. Email message from Ms. Kochanski that BFS granted approval today and HFES approval is expected early next week.

02/19/2013 Occupancy Approval dated 2/15/13 received. It stated that BFS granted approval on 2/15/13.

02/19/2013      Inspection Completed-BCAL Full Compliance

02/19/2013      Recommend License Issuance.

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Shelby Crossing Health Campus is a newly constructed, barrier-free, one-story, 40-bed home for the aged located in Shelby Township. The home has water and sewer services provided by the township. The home has a fenced and landscaped outdoor courtyard with sidewalks. Each resident room has a private bathroom with a walk-in shower with bench seat, toilet, sink, and grab bars; a heat and air conditioning unit; a small refrigerator; and call lights in bedroom and bathroom to summon staff assistance. The home has a large dining room and two private dining rooms.

Except for the front door, all exits in the facility are equipped with a 15-second delay alarmed door.

The facility is attached to, and operated in conjunction with and as a distinct part of, a 57-bed licensed nursing home. The facility has a central kitchen that is used by the home for the aged and the nursing home. A 35-bed memory care home for the aged called The Legacy at Shelby Crossing is being constructed on the same campus and will not be attached to the facility.

Smoking is not permitted anywhere inside or on the outside premises.

#### **B. Program Description**

Residents are men and women who are over age 60. Residents are ambulatory or capable of mobility using a cane, walker, wheelchair, or staff assistance. A resident may require one or two-person assistance with transfers in/out of a wheelchair or use a mechanical lift. The facility provides room, board including special diets, 24-hour staff supervision, protection, assistance in personal care including bathing and medication administration, activities and recreation, housekeeping, laundry and environmental services, and an optional resident trust fund account.

A resident's needs are assessed and a service plan is written prior to admission to the home. A resident may contract with the home health care agency of their choice for nursing services if such care is needed after admission.

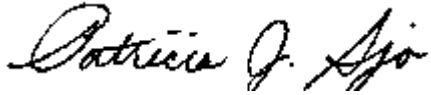
Staff training includes assistance in personal care, medication administration, the facility's disaster plans, and all services identified in residents' service plans.

**C. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this home for the aged.



2/19/13

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Patricia J. Sjo  
Licensing Staff

Date

Approved By:



2/19/13

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Betsy Montgomery  
Area Manager

Date